Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-12-2010</u>	Address:	<u>15192 SR 60</u>
Case #:	<u>45F50930</u>		BORDEN, IN
County:	<u>CLARK</u>		<u>47106</u>
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
	cal/Glassware/Equipment (only) ite (only)	☐ Outbuilding☐ Vehicle	☐ Open – No Structure☐ Other:
Items Fou	nd: Location (bedroom, kitchen, open a	in ata)	
(check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
☐ Corrosive Acid: <u>KITCHEN</u>			
Corrosive Base: BEDROOM			
☑ Other (item and location): <u>LYE/BEDROOM</u>			
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information ne/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ection Service: CLARK CO	Fax: Fax: <u>288-6</u> Fax: <u>N/A</u>	<u>5609</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>L. HESS</u> Phone <u>812-246-5424</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.